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| FEC | |
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| FORM | 1 |

Use

Only

STATEMENT OF **ORGANIZATION**

RECEIVE

(Revised 06/2012)

2012 OCT 24 AM 8: 41 NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Patriots for Economic Freedom losith Siturceit ADDRESS (number and street) (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS Whitney tidogmail & Kom (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) Inww.tconomic Freedom Now and (Check if address is changed) DATE FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

| TYPE OF COMMITTEE Candidate Committee: | | | | | |
|---|---------------------|--|--|--|--|
| (a) | la di Le c | This committee is a principal campaign committee. (Complete the candidate information below.) | | | |
| (b) | , | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | |
| Name of Candidate | | | | | |
| Candi Party | idate Affiliatio | Office State on Sought: House Senate President District | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | |
| Name Candi | | | | | |
| Part | y Con | mittee: | | | |
| (d) | | (National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party. | | | |
| Polit | ical A | ction Committee (PAC): | | | |
| (e) | e der | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a | | | |
| | | Corporation Corporation w/o Capital Stock Labor Organization | | | |
| | | Membership Organization Trade Association Cooperative | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | |
| (f) | X | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) | | | |
| | | In addition, thie committee is a Lobbyist/Registrant PAC. | | | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | |
| Joint | Fund | raising Representative: | | | |
| (g) | 1 2 | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | | | |
| (h) | ; [-j; | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | |
| | Com | mittees Participating in Joint Fundraiser | | | |
| | 1. | FEC ID number C | | | |
| | 2. | FEC ID number C | | | |
| | 3. | FEC ID number C | | | |
| | 4. | FEC ID number C | | | |

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| FEC Form 1 (Revis | sed 02/2009) | Page 3 |
| Write or Type Committee N | lame | /I |
| Patrio | ts for Economic Fr | econ |
| 6. Name of Any Connect | ed Organization, Affiliated Committee, Joint Fundraising Representative, | or Leadership PAC Sponsor |
| None | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Conn | ected Organization Affiliated Committee | tive Leadership PAC Sponsor |
| | | |
| | Identify by name, address (phone number optional) and position of the p | erson in possession of committee |
| books and records. | | |
| Full Name | easilireitiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | |
| Mailing Address | | |
| | | |
| | | <u> </u> |
| Title or Position | CITY STATE | ZIP CODE |
| THE OF TOSHOT | · OIT | ZIF CODE |
| | Telephone number | <u> </u> |
| | | |
| 8. Treasurer: List the name any designated agent (e | e and address (phone number optional) of the treasurer of the committee .g., assistant treasurer). | and the name and address of |
| Full Name | () () () () | |
| of Treasurer | Lev Whitney | |
| Mailing Address | 55 West Losth | |
| · | #2 | |
| | New York | 100231-1 |
| Title or Position | CITY STATE | ZIP CODE |
| Tireasure | Telephone number | 71-4201-31861 |

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| | | | |
|---|----------------|-------------|-----------|
| FEC Form 1 (Revise | ed 02/2009) | | Page 4 |
| | | | |
| Full Name of Designated Agent | | | |
| Mailing Address | | 111111 | |
| | | | |
| | CITY | STATE | ZIP CODE |
| Title or Position | Telepi | none number | <u> </u> |
| Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. | | | |
| We | 115 targo | | |
| Mailing Address | 12330 Broadway | | |
| | | | |
| | Wew york | T KA | reass-Li |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, etc. | | | |
| | | | |
| لسسا | | | |
| Mailing Address | | | |
| | | | 111111111 |
| | | | |
| | CITY | STATE | ZIP CODE |

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. | | | |
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| Received from House Records & Registra | Date of Receipt tion Office | | |
| Received from Senate Public Records Offi | Date of Receipt ice | | |
| Received from Electronic Filing Office | Date of Receipt | | |
| Other (Specify): | Date of Receipt or Postmarked | | |
| An N | 10/24/10 | | |
| PREPARER | DATE PREPARED | | |

(3/2005)